

Experience in the treatment of urogenital infections using bioresonance and multiresonant therapy

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For 5 years, our Center has been successfully using the equipment of the IMEDIS Center for the diagnosis and treatment of chronic urogenital infections (HUGI). Of the total number of patients who applied to our Center for medical care, 30% are patients with diseases of the urogenital sphere. Most often, when diagnosing by the ART method, we detect ureaplasmosis, genital herpes (HH) and trichomoniasis.

Based on the results of our 5-year follow-up, these infections are more often tested as mix-associated. Thus, in one patient, 2-3 infections are often detected during testing at once. According to clinical symptoms, ureaplasmosis comes to the fore. Patients complain of discomfort, itching and burning in the urethra during urination, aching pains in the lower abdomen with irradiation to the lumbar region and lower extremities, purulent discharge from the genital tract.

The appearance of the clinical picture of HH is usually recorded after a decrease in the activity of ureaplasma and a decrease or disappearance of the symptoms caused by this infection.

Of the clinical symptoms of HH, patients are more often concerned about itching and burning in the area of the external genital organs. According to the literature, 40–75% of HH cases are atypical. Against the background of treatment with bioresonance and resonance frequency therapy (RFT), this group of patients first shows typical manifestations of HH.

If HUGI is detected in patients by the ART method, additional studies are carried out, which include:

- gynecological examination (the degree of infection of the internal genital organs is established);
- cytological examination of a smear from the cervix (to exclude cancer cells);
- Ultrasound of the pelvic organs (for differential diagnosis with diseases such as endometriosis, polycystic ovaries, etc.);
- TRUS of the prostate (detection of calcifications, hypertrophies and adenomas);
- spermogram.

A detailed examination allows us to further monitor the effectiveness of the treatment.

After the end of the diagnostic procedures, an individual therapy plan is drawn up, which includes several stages:

1) Antifungal resonance frequency therapy.

The need for antifungal treatment is due to the fact that many patients have already undergone repeated courses of antibiotic therapy before contacting us. In such cases, patients have a clinical picture of dysbiosis, which is confirmed by the diagnosis by ART.

To increase the effectiveness of RFT, we prescribe homeopathic drains and phytotherapeutic drugs, and then drugs that restore the normal intestinal microflora.

The passage of this stage of therapy allows us to start the main treatment of HUGI with the use of BRT. At the same time, in patients who underwent antifungal RFT, less pronounced exacerbations are noted after the first sessions of BRT. It is also worth noting that the restoration of normal intestinal microflora helps to improve local and general immunity. It is noticed that the normalization of the biocenosis in the intestine is the necessary measure that allows you to interrupt the pathogenetic circle of many diseases.

2) Bioresonance therapy.

Bioresonance therapy is carried out using various strategies, depending on the individual sensitivity to this type of treatment. In the course of treatment with the BRT method, nosodes are gradually introduced into the circuit urogenital infections, autosodes (more often we use the patient's morning urine), organopreparations. By about 3-5 BRT sessions, we register a decrease in the activity of the infection and move on to the next stage of treatment.

3) Activation of the elimination of infection using FM-complexes. FM-complexes are prescribed only against the background of the absence of any complaints and clinical symptoms of an exacerbation of the infection. Otherwise, we conduct additional BRT sessions until the complaints and symptoms of the disease completely disappear. We have chosen such a treatment tactic based on a 5-year observation of the effect of FM complexes in the process of mesenchymal activation. Each subsequent appointment of the FM-complex is carried out only after the complete disappearance of the symptoms of exacerbation of the previous one. For the treatment of HUGI, we use FM 15, 16, 17, 18, 19. We noted that when prescribing FM 15, 16, the exacerbation of infection in patients is more often from the ENT organs (sore throat, discharge from the nose and ears, etc. etc.). After FM 17, 18, 19 more often a picture of an exacerbation of infection from the organs of the urogenital tract develops (dysuric phenomena, increased discharge from the genital tract, herpetic eruptions, pain in the lower abdomen, etc.). After each appointment of FM complexes, we retest HUGI. As a rule, after a pronounced clinical exacerbation of HUGI, there is a decrease in the activity of the infection during testing.

4) Resonance-frequency therapy of infections detected by ART the urogenital sphere.

RFT is performed during the entire period of HUGI treatment and is prescribed between BRT sessions in the form of F-programs. Also, RFT is used to relieve symptoms of exacerbation after BRT and the use of FM-complexes (E-programs).

5) Appointment of homeopathic preparations of the firm "Heel" (Solidago-compositum, Echinacea-compositum, Ginekohel, Ovarium-compositum, etc.), as well as electronic copies of drugs from other companies in the form of nosodes, drainages, organopreparations.

Treatment is considered complete if there is a persistent decrease in HUGI activity during ART, the disappearance of complaints and clinical symptoms in the patient, confirmed by additional research methods.

A five-year follow-up of patients who completed the course of such treatment confirms the high efficiency of this method of therapy.

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"IMEDIS", 2006, v.2 - C.250-253